



**TESTIMONY TO THE CONNECTICUT GENERAL ASSEMBLY
COMMITTEE ON LABOR AND PUBLIC EMPLOYEES IN FAVOR OF
HB 6932: An Act Concerning Paid Family Leave**

March 5, 2014

Michele Griswold, MPH, RN, IBCLC

Chair, Connecticut Breastfeeding Coalition

Good Afternoon Senator Gomes, Representative Tercyak, Vice Chairs Osten and Cuevas, Ranking Members and Members of the committee, I thank you for the opportunity to present the following testimony on behalf of the Connecticut Breastfeeding Coalition in favor of AN ACT CONCERNING PAID FAMILY LEAVE.

Whether or not a woman will return to work following the birth of a child is no longer the question. It is simply a matter of when a woman will return to work. The majority of women (60%) return to full time work within 6 months of birth^[1], a time when their healthcare provider and their child's healthcare provider recommends breastfeeding as a way to optimize opportunities for lifelong health. The American Academy of Pediatrics (AAP) recommends about 6 months exclusive breastfeeding and continuation for up to one year for children.^[2] Despite the recommendation, only 2 in 10 Connecticut children receive the minimum amount of breastfeeding and as such are at increased risk for obesity, asthma, diabetes, allergies and SIDS among other conditions. Stopping breastfeeding before the recommended time, puts their mothers at risk for breast and ovarian cancer and possibly post partum depression.^[3]

The return to the workplace is the most frequently cited reason that women stop breastfeeding before the recommended time, contributing to breastfeeding rates in Connecticut that underachieve national objectives.^[4] Further, breastfeeding rates are lower among black non-Hispanic women and women with lower levels of income and education among other factors. Women in these groups are also more likely to return to the workplace sooner than their higher income counterparts contributing to greater gaps in health among those most at risk.^[4] Paid family leave would allow women who choose to breastfeed, the time necessary to establish breastfeeding without being forced to choose between future health and paying the rent. Paid family leave is good for families and good for business by increasing job satisfaction and retention. Breastfeeding is also good for businesses. Mothers who return to the workplace miss fewer days of work because their children are less likely to experience colds, flus

and ear infections.^[5] Thus, allowing mothers paid leave following birth would allow them to establish breastfeeding before returning to work contributing to a healthier future workforce for Connecticut.

In closing, the AAP recently issued an updated policy on breastfeeding in which they state "Breastfeeding should not be considered a lifestyle choice, but rather as a basic health issue."^[2] The fact is that the health of Connecticut's mothers and children is threatened by the lack of opportunity for successful breastfeeding due in part to return to the workplace within too short a time to establish breastfeeding. Breastfeeding mothers should not have to choose between family health and a paycheck. They deserve to have both. We therefore ask that you support AN ACT CONCERNING PAID FAMILY LEAVE. Thank you for your time and consideration.

Respectfully submitted on behalf of the Board and members,

Michele Griswold, MPH, RN, IBCLC
Chair, Connecticut Breastfeeding Coalition
www.breastfeedingct.org
mgriswold@breastfeedingct.org

1. Tuttle, C. R., & Slavitt, W. I. (2009). Establishing the business case for breastfeeding. *Breastfeeding Medicine*, 4 Suppl 1, S59-62. doi: 10.1089/bfm.2009.0031
2. American Academy of Pediatrics. (2012). Breastfeeding and the use of human milk *Pediatrics* (2012/03/01 ed., Vol. 129, pp. e827-841).
3. Ip, S., Chung, M., Raman, G., Trikalinos, T. A., & Lau, J. (2009). A summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries. *Breastfeeding Medicine*, 4 Suppl 1, S17-30. doi: 10.1089/bfm.2009.0050
4. Department of Health and Human Services., *The Surgeon General's Call to Action to Support Breastfeeding*. 2011, Rockville MD.
5. United States Department of Health and Human Services, Office on Women's Health. *Business Case for Breastfeeding*. www.womenshealth.gov